

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mecon</i>		<i>06-06-01</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>6/14/01</i>
FORMALITY REVIEW	<i>H.T.</i>	<i>913</i>	<i>08/02/01</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>601</i>	<i>12-11-02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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11	✓	✓	
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16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
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21	✓	✓	
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25	✓	✓	
26	✓	✓	
27	✓	✓	
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38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
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56	✓	✓	
57	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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106	✓	✓	
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142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

823
8/2
8/21/02